IN THE CLAIMS

Please amend the claims as follows:

1. (Previously Presented) A method of stimulating a HIV1-specific $CD8^+$ response in a human infected with an HIV retrovirus said method comprising:

administering to the human, an attenuated recombinant pox virus, which enters the cells of the human and intracellularly produces HIV specific peptides for presentation on the cell's MHC class I molecules,

where said peptides are presented in an amount sufficient to stimulate HIV antigen-specific CD8+ and CD4+ responses, and

where said human

i. has a viral load of less than 10,000 viral copies per ml of plasma and a $CD4^+$ cell count of above 500 cells/ml, and

ii. has been treated with one or more anti-viral agents, which contributed to a lower viral copy and higher $CD4^+$ cell count than before treatment

where said HIV specific peptides comprise HIV Gag, Gp120, Nef or Pol peptides.

2. (Previously Presented) A method of claim 1 wherein the human has been treated with anti-viral agents, which resulted in the human having a viral load of less than 1,000 viral copies per ml of blood serum and a $CD4^+$ cell count of above 500 cells/ml.

3. (Original) A method of claim 2 wherein the anti-viral agents comprise a combination of protease inhibitors and inhibitors of reverse transcriptase.

4. (Canceled)

5. (Canceled)

6. (Canceled)

7. (Previously Presented) A method of claim 1 wherein the attenuated recombinant pox virus comprises NYVAC or ALVAC.

8. (Previously Presented) A method of claim 1 wherein the recombinant pox virus comprises MVA.

9. (Previously Presented) A method of claim 1 where the attenuated recombinant pox virus is administered a second time.

10. (Previously Presented) A method of claim 1 wherein the HIV specific peptides are structural viral peptides.

11. (Canceled)

12. (Previously Presented) A method of claim 1 wherein the method further comprises administering an adjuvant.

13. (Original) A method of claim 1 further comprising administering interleukin 2 or CD40 ligand in an amount sufficient to potentiate the $CD8^+$ response.

14. (Previously Presented) A method of claim 1 where the human has been infected with HIV and has demonstrated repeated and sustained proliferative T-cell responses to Gp120 envelope protein.

15. (Previously Presented) A method of claim 14 where the human has demonstrated repeated and sustained proliferative T-cell responses to p24 Gag antigen.

16. (Previously Presented) A method of claim 1 where the human is infected with HIV and is further tested by a skin test for a hypersensitive response to p24 Gag antigen.

17. (Previously Presented) A method of claim 1 where the human is infected with HIV and is further tested by a skin test for a hypersensitive response to Gp120 envelope antigen.

18. **(Canceled)**

19. (Canceled)

20. (Previously Presented) A method of stimulating a HIV1-specific $CD8^+$ response in a human infected with an HIV retrovirus said method comprising:

administering to the human, an attenuated recombinant pox virus, which enters the cells of the human and intracellularly produces HIV specific peptides for presentation on the cell's MHC class I molecules,

where said peptides are presented in an amount sufficient to stimulate HIV antigen-specific CD8+ and CD4+ responses, and

where said human

i. has a viral load of less than 10,000 viral copies per ml of plasma and a $CD4^+$ cell count of above 500 cells/ml, and

ii. has been treated with one or more anti-viral agents, which contributed to a lower viral copy and higher $CD4^+$ cell count than before treatment

where said HIV specific peptides comprise Gag, Pol, Env peptides or a combination thereof.

21. (Previously Presented) The method of claim 2, wherein anti-viral treatment is reduced or stopped after administering the recombinant virus.

22. (Previously Presented) The method of claim 2, wherein anti-viral treatment is interrupted after administering the recombinant virus.